

Board of Electrical Examiners

Mayor, Richard C David Supervisor, Thomas F Costello

Master Electrician Exam Application

1	, residing a	(Full Address)	
	(Print Name)	(Full Address)	
	·	s a Master Electrician, in accordance with the provisions of the	
		t the answers to the following questions as part of this	
applica	tion.		
1.	Phone Number		
2.	Phone Number Yes	No	
3.	Principal Occupation List your last two years worked as a Journeyma		
4.	List your last two years worked as a Journeyma	an Electrician, job duties, supervisor:	
5	How long have you had a Journeyman Electrica	al License?	
٥.	(A minimum of two years is required to take the Master's Electrician Examination)		
6.	6. Are you a member of a Corporation or a Partner of an existing Electrical Contracting Business? Yes No		
	Have you ever taken a Master Electrician Exam	n before? Yes No	
8.	If yes, date, location and result		
9.	Do you hold a valid Electrical License from any	municipality? Yes No	
10.	If yes, from where:		
	Date issued and type of license		
	(Print Name)	, being duly sworn, state that the above information is true	
	and that I have a valid Journeyman Electrician's License and have worked under the supervision of a licensed		
	electrician.		
	(Signature of applicant)	Sworn to before me this	
		Day of, 20	
		,	
		(Notary Public)	